



Kentucky Transportation Cabinet
Office of Local Programs
Reimbursement Request

TC 20-29
02/12
Page 1 of 3

Project Name:

Project Type: CMAQ ☐ SRTS ☐ NSB ☐ TCSP ☐ TE ☐

Vendor Name:	
Vendor Address:	
Contact Name:	
Contact Title:	
Telephone Number:	

Vendor Invoice No:	
Date of Request:	
Billing Period Service From – Service To (MM/DD/YY):	
Contract Number:	PO2-628-
Authorization Number:	
Federal Numbers:	20.205 (CFDA),

Budget Line Item	Contract (Federal) Amount	Contract (Federal) Amount Paid To Date	Current Request	Contract (Federal) Amount Remaining
TOTALS			\$	
<i>Less 20% Required Match</i>	--	--	\$	--
GRAND TOTAL	--	--	\$	--

Vendor Certification

I hereby certify that the commodities or services specified have been furnished to the Commonwealth of Kentucky; that the quality and the prices conform to the proposal and purchase order or contract; that payment, in whole or in part, has not been received from KYTC or any other source; that all materials for which we seek reimbursement adhere to the federal Buy America provisions; that all materials testing related to this project follows the KYTC materials testing specifications; and that all records relating to these requirements have been included in the project file.

Signature

Print Name

Title

Page 1 Total: \$
Page 2 Total: \$
Grand Total: \$

DBE Name	Contract Amount	Contract Amount Paid (To Date)	Amount Remaining To Be Paid
TOTALS			\$